



Client Resources Website

www.Cignaclientresources.com

Reporting

Last Updated: December 18, 2014

Reports

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Group# 00616032 | [Change Group](#)

BSI CRP RM ASO CDHP 001

Reports

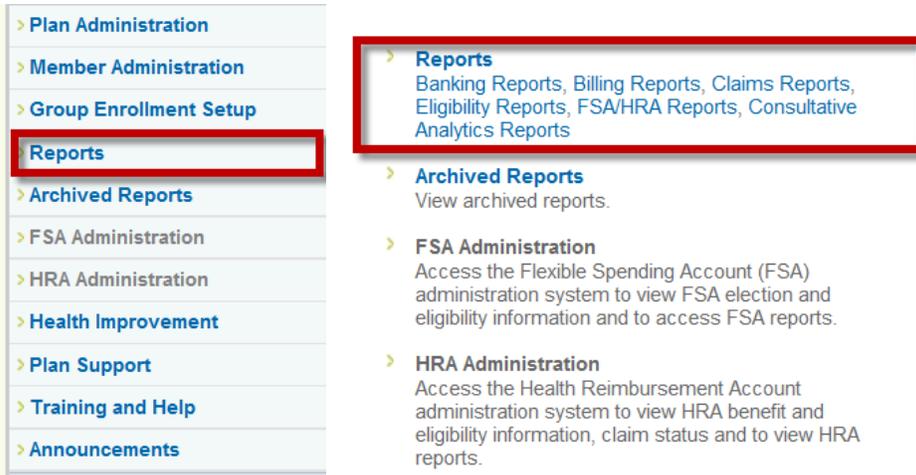
▶ Reports Overview

Visit the pages described below to access reports for a selected group plan.

- > **Banking Reports**
View, print and export Cash Flow Summary, Claims Transfer Detail and Claims / Transfer Adjustment Detail reports, Total Transfers Report
- > **Billing Reports**
View, print and export Group Premium Statement, Aggregate Accounting Statement, Comparative Research Assessment Report, Reinsurance Membership Report
- > **Claims Reports**
View, print and export Health Paid Claims, FSA/HRA Paid Claims, Basic Summary of Expenses, Pharmacy Benefits Financial Detail, Large Claimant
- > **Eligibility Reports**
View, print and export Eligibility Roster (includes Member Address Labels), Birthday Report, Enrollment Reports (includes Member Election and Beneficiary reports).
- > **FSA/HRA Reports**
View, print and export FSA Deposit Register, FSA Forfeiture, FSA Pledge, FSA Carryover Termination, HRA Account (Detail and Summary), HRA Employee Account Detail.
- > **Consultative Analytics Reports**
[Create a new request.](#) View my previously submitted CAP requests from the [My Request Queue](#). You can also view additional CAP reports posted for you from the internal Cigna account team using the [Posted Reports Queue](#).

The Client Resources website houses a variety of reports to meet your billing, banking and eligibility needs. Your security permissions will determine which reports are available to you, if you find that you do not have the proper security permissions, please contact your Cigna Representative for assistance.

To access reporting information, click Reports on either the secured home page or the global navigation. You will then be presented with the Reports Overview page, which provides direct access to many of the reports.



The Reports are broken out into six sections, the group funding type and your individual security access will determine which reports you have access to:

- Banking Reports
- Billing Reports
- Claims Reports
- Eligibility Reports
- FSA/HRA Reports
- Consultative Analytics Reports

For clients with FSA and HRA products effective prior to January 2014 the FSA and HRA reports are located underneath the Archived Reports link.



All reports will open in a separate browser window, please disable your pop-up blocker and add CRP to your compatibility settings. Reports can be exported in an Adobe PDF or, in some cases, an Excel document. Please note you will need to have Microsoft Excel or Adobe PDF installed on your PC in order to download a report.

Banking Reports

Banking: Cash Flow Summary [RESET] [VIEW]

Plan Number

Claims Frequency: Semi-Monthly

Claims Delay

Available Checks: From: 10/15/2014 To: 10/31/2014

Report Type

Select Report: Cash Flow Summary

Upcoming or Recent Transfers (For informational purpose only)

- Date: 12/20/2014 Premium Transfer of \$4,333.86
- Date: 11/20/2014 Premium Transfer of \$2,166.93
- Date: 11/04/2014 Claims Amount of \$3,942.27
- Date: 10/20/2014 Premium Transfer of \$2,166.93

Dates

Month & Year: All

[RESET] [VIEW]

***This report is not available for Fully Insured Groups**

The banking reports are all located under the category ‘Banking’ and the information is refreshed daily. Your reports will be available depending on your financial arrangement with CIGNA. If your account is tapped on a daily basis, you will see your reports on a daily basis. If your reports are tapped on a weekly basis, you will see reports on a weekly basis.

Report Type

Select Report: Cash Flow Summary

Upcoming or Recent Transfers (For informational purpose only)

- Cash Flow Summary
- Cash Flow Summary
- Claims Transfer Detail
- Claims / Transfer Adjustment Detail

The Cash Flow Summary, Claims Transfer Detail and Claims/Transfer Adjustment Detail are all located under the Report Type section, and can be exported into either Excel or Adobe PDF.

Banking Report Definitions

Date:	Processing date for activity.
Benefit Payments:	Payments made by your insurance carrier for submitted claims. This figure is the net amount of paid claims, less any overpayments, Specific Stop-Loss, or Other payments.
Cumulative Payments:	An accumulation of the benefit payments for the plan year. Cumulative payments total is increased daily by the amount of the day's benefits paid.
Adjusted Deficit:	If a negative number appears in this column, the attachment level defined by your plan has been exceeded. After the attachment level is reached, no further additions are made to your transfer balance. Adjusted Deficit indicates the amount that is added to the deficit funds each day. Usually, the deficit funds are added to the amount to be transferred at the end of the next month. This amount appears in the Adjusted Deficit as a positive number. This number is the amount that is added to the transfer balance.
Claims Transfer Addition:	The daily total to be added to the transfer balance for this transfer period. Once the monthly attachment has been reached (negative numbers appear in the Adjusted Deficit column), this column is no longer updated and zeros display.
Claims Transfer Adjustment:	The dollar amount for items which were adjusted in calculating the Transfer Balance. Other payments and overpayments are included in this category. Other types of claims that are not considered part of the cumulative attachment total may appear in the transfer adjustment column.
Claims Transfer Balance:	The running balance for your transfer account, which is the Transfer Account Addition for the day, plus any Adjustments (reported separately on the line below), plus the Transfer Account Balance from the prior day. Once a transfer is requested, the Transfer Balance is set to zero and begins to build again for the next transfer period.
Claims Transfer Amount:	The total amount of the transfer for all Subgroups of your plan.
Claims Transfer Date:	The date of the transfer.
Premium Transfer Amount:	The total amount of the transfer for all Subgroups of your plan.
Premium Transfer Date:	The date of the transfer.

Cash Flow Summary

***This report is not available for Fully Insured Groups**

The Cash Flow Summary is set as the default report on the “Select Report” dropdown menu. In addition to the search parameters, the system will display how frequently funds are drawn from your company’s bank account, as well as any bank delays relating to a transfer.

The Available Checks field displays the dates for which check details are currently available.

The Upcoming or Recent Transfer field displays all bank transfer amounts and their dates.

Reports

- Banking Reports
- Billing Reports
 - Group Premium Statement
 - Aggregate Accounting Statement
 - Comparative Research Assessment Report
 - Reinsurance Membership Report
- Claims Reports
 - Health Paid Claims
 - Basic Summary of Expenses
 - Pharmacy Benefits Financial Detail
 - Large Claimant
- Eligibility Reports
 - Eligibility Roster
 - Birthday Report
 - Enrollment Reports
 - Error Reports
- Consultative Analytics Reports
 - Create a new CAP Request
 - My Request Queue
 - Posted Reports Queue
- Archived Reports

Banking: Cash Flow Summary [RESET] [VIEW]

Plan Number

Claims Frequency: Semi-Monthly

Claims Delay

Available Checks: From: 10/15/2014 To: 10/31/2014

Report Type

Select Report: Cash Flow Summary

Upcoming or Recent Transfers (For informational purpose only)

- Date: 12/20/2014 Premium Transfer of \$4,333.86
- Date: 11/20/2014 Premium Transfer of \$2,166.93
- Date: 11/04/2014 Claims Amount of \$3,942.27
- Date: 10/20/2014 Premium Transfer of \$2,166.93

Dates

Month & Year: All

[RESET] [VIEW]



CASH FLOW SUMMARY REPORT

From 10/15/2014 To 10/31/2014

Report Run Date: 12/17/2014

Group:
 Claims Frequency: Semi-Monthly
 Claims Delay:

Cumulative Attachments:
 Month: 09/01/2014
 Amount: \$36,460.08
 Month: 10/01/2014
 Amount: \$40,402.35
 Month: 11/01/2014
 Amount: \$44,344.62
 Month: 12/01/2014
 Amount: \$48,286.89

Paid Date	Benefit Payments	Cumulative Payments	Claims Transfer Addition	Claims Transfer Adjustment	Claims Transfer Balance	Claims Transfer Amount	Claims Transfer Date	Premium Transfer Amount	Premium Transfer Date
10/15/14	\$0.00	\$0.00	\$0.00	\$0.00	\$12,153.36	\$12,153.36	10/17/14	\$2,166.93	10/20/14
10/31/14	\$0.00	\$0.00	\$3,942.27	\$0.00	\$3,942.27	\$3,942.27	11/04/14	\$0.00	

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The top portion of the Cash Flow Summary Report displays the plan's Claims Frequency and Claims Delay, if any. The Begin Date and End Date for the report are also displayed, along with the Report Run Date and Cumulative Attachment levels for each of the three most recent months.

The bottom portion of the screen shows the full Cash Flow Summary Report, which allows you to track the accumulation of claim payments that will be drawn from your company's bank account. In addition, the report also illustrates deficit funding or recovery activity and adjustments, along with premium transfer amounts and dates.

Claims Transfer Detail

***This report is not available for Fully Insured Groups**

The Claims Transfer Detail report is a detailed claims payment report that displays claims payments and the transfer period selected, either at a detailed or summary level. This report supports the Cash Flow Summary Report.

In the Upcoming or Recent Transfer field, users are allowed to select only one transfer date at a time. The selected transfer date will drive the report output in which only the adjustments associated with the transfer date are displayed.

Sample Detail report

CLAIMS TRANSFER DETAIL REPORT											
Group: 00123456788 Test Account										For Transfers Due On:	
Subgroup: All										Report Run Date	
Report Type: Detail										Begin Date:	
										End Date:	
Subgroup	Class ID	Plan Desc.	Paid Date	Claim Type	Last Name	First Name	Member ID	Rel	Claim ID	Paid Amount	Cvg
100	A001	PPO Plan II PPO Network	03/25/2011	Paid	James	June	1000000	SP	999999999999	\$63.54	MED
1 reference(s) for Plan: PPO Plan II PPO Network										\$63.54	
1 reference(s) for Class: A001										\$63.54	
1 reference(s) for Subgroup: 0007										\$63.54	
Subgroup	Class ID	Plan Desc.	Paid Date	Claim Type	Last Name	First Name	Member ID	Rel	Claim ID	Paid Amount	Cvg
100	A001	PPO Plan II PPO Network	03/24/2011	Paid	James	June	1000000	EE	999999999999	\$0.00	MED
1 reference(s) for Plan: PPO Plan II PPO Network										\$0.00	
1 reference(s) for Class: A001										\$0.00	
1 reference(s) for Subgroup: 0011										\$0.00	
Subgroup	Class ID	Plan Desc.	Paid Date	Claim Type	Last Name	First Name	Member ID	Rel	Claim ID	Paid Amount	Cvg
100	A001	PPO Plan I PPO Network	03/25/2011	Paid	James	June	1000000	EE	999999999999	\$78.20	MED

Claims/Transfer Adjustment Detail

***This report is not available for Fully Insured Groups**

The Claims/Transfer Adjustment Detail report displays any claims payment or transfer account adjustments made to your plan.

In the Upcoming or Recent Transfer field, the user is allowed to select only one transfer date at a time. The selected transfer date will drive the report output.

Sample Report

CLAIMS/TRANSFER ADJUSTMENT DETAIL REPORT

From 03/28/2011 To 04/03/2011

Transfer Date:

Report Run Date: 04/19/2011

Group: 123 Test Group

Adjustment To Transfer Account

Paid Date	Amount	Explanation
1/31/2011	4,991.01	Adjustment Reasons will appear here
Total	4,991.01	

Billing Reports

> Reports
■ Banking Reports
■ Billing Reports
- Group Premium Statement
- Aggregate Accounting Statement
- Comparative Research Assessment Report
- Reinsurance Membership Report
■ Claims Reports
- Health Paid Claims
- Basic Summary of Expenses
- Pharmacy Benefits Financial Detail
- Large Claimant
■ Eligibility Reports
- Eligibility Roster
- Birthday Report
- Enrollment Reports
- Error Reports

▶ Billing Reports

Visit the pages described below to access reports for a selected group plan.

- > **Group Premium Statement**
View, print and export monthly Group Premium Statements for the selected group.
- > **Aggregate Accounting Statement**
View, print and export Aggregate Accounting Statements for the selected group.
- > **Comparative Research Assessment Report**
View, print and export Comparative Research Assessment Report for the selected group.
- > **Reinsurance Membership Report**
View, print and export Reinsurance Membership Report for the selected group.

The following reports are available under the Billing category:

- Group Premium Statement
- Aggregate Accounting Statement
- Comparative Research Assessment Report
- Reinsurance Membership Report

Group Premium Statement

The screenshot shows the configuration interface for the Group Premium Statement report. It includes sections for Report Type, Classification, and Sorting and Presentation. The Report Type is set to 'All'. Under Classification, Report Level is 'Group', Subgroup(s) is 'All', and Class(es) is 'All'. The Statement Selection dropdown is open, showing options for various months in 2014. Under Sorting and Presentation, the first column is sorted by 'Employee Last Name' and the second by 'Employee ID'.

The Group Premium Statement is a monthly report that displays the itemized fixed cost charges for your plan. This report is posted by the 5th of every month.

This screenshot shows the same configuration interface as above, but with the Report Type dropdown menu open. The menu lists several options: 'All', 'Transfer Summary', 'Invoice Statement', 'Plan Summary', 'Billing Details', 'Billing Details Adjustments', and 'Benefit Advisor Fee Detail'. The 'All' option is currently selected.

This report has 7 sub-sections:

- Transfer Summary
- Invoice Statement
- Plan Summary
- Billing Detail
- Billing Detail Adjustments
- Life and AD&D Detail (if the group has life and AD&D)
- Benefit Advisor Fee Detail

Sample Transfer Summary



TRANSFER SUMMARY

Premium and Claims Funding for the Month of December 2014

Report Date: 12/17/2014

Group:

Claims Funding and Adjustments(1)

Claims Funding

Current Month Claims Funding	\$27,471
Retroactive Adjustment Claims Funding	\$0.00
Total Claims Funding Amount Due	\$27,471

Adjustments to Transfer Account

Terminal Claims Funding	\$72,021.46
Total Adjustments to Transfer Amount Due	\$72,021.46

Total Claims Funding and Adjustments **\$99,492.46**

Scheduled Transfer

Total Premium Transfer Scheduled(2)	\$44,432.13
Total Claims Funding and Adjustments Transfer Scheduled	\$99,492.46
Total Transfer(3)	\$143,924.59
Claims Funding - FSA	\$1,777.40
Claims Funding - HRA	\$5,124.68

All Transfers **\$149,226.67**

(1) Amounts shown are based on transfers made to group level bank account.

(2) The transfer amount is based upon the Total Amount Due for each subgroup as credit balances on one subgroup are not used to offset premium due on another subgroup.

(3) Cigna will initiate a transfer from your account on December 20, 2014 or the next business day. Your contract requires that the full amount be available for transfer on the transfer date. Failure to fund your account may result in contract termination. Transfer detail information can be viewed in the Client Resources Website. If you have any questions please call 1-866-866-8622.

Sample Invoice Statement



INVOICE STATEMENT

Premium and/or Fee Billing for the Month of December

Bill Start Date: 12/01/2014
Bill End Date: 12/31/2014

Group: |

Balance Forward from Previous Statement:	\$89,092.46
(1) Payments Received:	(\$89,092.46)
Discretionary Billing:	\$0.00
Retroactive Adjustment Premium and/or Fees:	\$0.00
Current Month Premium and/or Fees:	\$99,492.46
(2) Total Amount Due:	\$99,492.46

*** Cigna will initiate a transfer in the amount of \$44,432.13 from your account on December 20, 2014 or the next business day. The transfer amount is based upon the Total Amount Due for each subgroup as credit balances on one subgroup are not used to offset premium due on another subgroup. Your contract requires that the full amount be available for transfer on the transfer date. Failure to fund your account may result in contract termination. Transfer detail information can be viewed in the Client Resources Website.

If you have any questions please call 1-866-866-6622

(1) Payments Received amount includes all payments and adjustments to account

(2) Total Amount Due includes (i) the insurance premium and other Cigna charges, plus (ii) fees you have agreed to pay your benefit advisor, if applicable, which are not part of the premium or other Cigna charges.

Sample Plan Summary



PLAN SUMMARY BY GROUP

Report Date: 12/17/2014

Bill Run Date: 10/06/2014

Bill Start Date: 10/01/2014 Bill End Date: 10/31/2014

Group: 00616056 B & F LFFA - GROUP 17

Plan ID	Plan Description	Rate Structure	Current Billed Units	Billing Rate (1)	Billed Amount	Adjusted Amount (2)	Net Amount
MPPO0001	PPO PPO Network	Employee	10	\$96.92	\$969.20	\$0.00	\$969.20
MPPO0001	PPO PPO Network	Spouse Only	5	\$119.54	\$597.70	\$0.00	\$597.70
MPPO0001	PPO PPO Network	Child(ren) Only	2	\$98.68	\$197.36	\$0.00	\$197.36
MPPO0001	PPO PPO Network	Family Only	1	\$182.67	\$182.67	\$0.00	\$182.67
DIND0001	Dental Indemnity	Employee	11	\$8.00	\$88.00	\$0.00	\$88.00
DIND0001	Dental Indemnity	Spouse Only	6	\$14.00	\$84.00	\$0.00	\$84.00
DIND0001	Dental Indemnity	Child(ren) Only	2	\$14.00	\$28.00	\$0.00	\$28.00
DIND0001	Dental Indemnity	Family Only	1	\$20.00	\$20.00	\$0.00	\$20.00
Totals:					\$2,166.93	\$0.00	\$2,166.93

(1) Billing Rate includes rate for premium and benefit advisor fees, if applicable, that are not part of the premium.

(2) Adjusted Amount includes adjustments for premium and benefit advisor fees, if applicable, that are not part of the premium.

Sample Billing Detail

Employee ID	Employee Name	Sub Grp ID	Cls ID	Plan ID	Curr Bill Cov	Medical	Dental	Amount Due (1)	Claims Funding (3)	Total (4)	C.I. (2)
100621294	Atggr, Dvdes	0001	A001	MPPO0001	E+S	\$216.46	\$22.00	\$238.46	\$421.54	\$660.00	
100621297	Awgb, Glsdyqr	0001	A001	MPPO0001	E+S	\$216.46	\$22.00	\$238.46	\$421.54	\$660.00	
100621350	Cofoxdoox, Dsw	0001	A001	MPPO0001	EEO	\$96.92	\$8.00	\$104.92	\$190.55	\$295.47	
100621296	Dvuv, Evgtyhdv	0001	A001	MPPO0001	E+C	\$195.60	\$22.00	\$217.60	\$431.54	\$649.14	
100621300	Emggs, Dvghdl	0001	A001	MPPO0001	E+FAM	\$279.59	\$28.00	\$307.59	\$530.39	\$837.98	
100621301	Imyklg, Bvaghehv	0001	A001	MPPO0001	E+S	\$216.46	\$22.00	\$238.46	\$421.54	\$660.00	
100621299	Kecgjl, Uvdagirl	0001	A001	MPPO0001	E+S	\$216.46	\$22.00	\$238.46	\$421.54	\$660.00	
100621303	Kectjld, Flddlaw	0001	A001	MPPO0001	EEO	\$96.92	\$8.00	\$104.92	\$190.55	\$295.47	
100621302	Vdrall, Retaa	0001	A001	MPPO0001	E+S	\$216.46	\$22.00	\$238.46	\$421.54	\$660.00	
100621298	Vgtewt, Cltgcl	0001	A001	MPPO0001	E+C	\$195.60	\$22.00	\$217.60	\$431.54	\$649.14	
100621295	Vgympt, Hutddl	0001	A001	DIND0001	E+S	\$0.00	\$22.00	\$22.00	\$60.00	\$82.00	
Totals:						\$1,946.93	\$220.00	\$2,166.93	\$3,942.27	\$6,109.20	

(1) Amount Due reflects premium and benefit advisor fees, if applicable, that are not part of the premium.
 (2) Coverage Indicator
 "C" prefix denotes COBRA coverage
 "S" prefix denotes State Continuation coverage
 (3) Claims Funding refers to the Maximum Monthly Claim Liability amount referenced in your Cigna administrative services agreement. Amounts shown are based on transfers made to group level bank account and pertain only to membership for the month reported.
 (4) Please refer to the Transfer Summary Page and to the Daily Accounting Statement section of the Aggregate Accounting Statement to view the total amounts Cigna will transfer from your account.

Sample Billing Details Adjustments

Employee ID	Employee Name	Adj Eff Date	Prior Bill Cov	Cur Bill Cov	Prior Plan ID	Current Plan ID	Basic Life	AD&D	Medical	Dental	Amount Due (1)	Claims Funding (3)	Total (4)	C.I. (2)
Changes														
100635722	Test, Mem	05/01/14	E+C	E+FAM	MPPO0001	MPPO0001	\$0.00	\$0.00	\$450.00	\$0.00	\$450.00	\$225.00	\$675.00	
Total Changes							\$0.00	\$0.00	\$450.00	\$0.00	\$450.00	\$225.00	\$675.00	
Totals:							\$0.00	\$0.00	\$450.00	\$0.00	\$450.00	\$225.00	\$675.00	

(1) Amount due reflects premium and benefit advisor fees, if applicable, that are not part of the premium.
 (2) Coverage Indicator
 "C" Prefix denotes COBRA coverage
 "S" prefix denotes State Continuation coverage
 (3) Claims Funding refers to the Monthly Claim Liability amount referenced in your Cigna administrative services agreement. Amounts shown are based on transfers made to group level bank account.
 (4) Please refer to the Transfer Summary Page and to the Daily Accounting Statement section of the Aggregate Accounting Statement to view the total amounts Cigna will transfer from your account.

Sample Life, AD&D Detail



LIFE, AD&D DETAIL BY GROUP

Report Date: 12/17/2014

Bill Run Date: 12/10/2014

Bill Start Date: 01/01/2015 Bill End Date: 01/31/2015
 Group: 00617534 Bill Simp - ASOS2 GRP 34 - L,A,M,D,V,F

Employee ID	Employee Name	EE Basic Life		AD&D		Dependent Life	Total
		Volume	Amount	Volume	Amount	Amount	Billed
100634549	Qjjaxa, Hmxwobi	10,000	\$12.50	10,000	\$10.40	\$0.00	\$22.90
100634547	Rjjob, Gfeoi	10,000	\$12.50	10,000	\$10.40	\$0.00	\$22.90
100634553	Zjoyy, Abokit	10,000	\$12.50	10,000	\$10.40	\$0.00	\$22.90
Totals:		30,000	\$37.50	30,000	\$31.20	\$0.00	\$68.70

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Sample Benefit Advisor Fee



BENEFIT ADVISOR FEE DETAIL BY GROUP

Report Date: 12/17/2014

Bill Run Date: 09/03/2014

Bill Start Date: 10/01/2014 Bill End Date: 10/31/2014
 Group: 00617534 Bill Simp - ASOS2 GRP 34 - L,A,M,D,V,F

Employee ID	Employee Name	Sub Group ID	Class ID	Plan ID	Cov Ind	Benefit Advisor Fee
Modal Premium						
100634547	Rjjob, Gfeoi	0001	A003	MOAP0001	E+C	\$0.00
100634549	Qjjaxa, Hmxwobi	0001	A003	MPPO0001	EEO	\$0.00
100634553	Zjoyy, Abokit	0001	A002	MPPO0001	E+FAM	\$0.00
100634556	Xhbwalt, Enjinion	0001	A001	MPPO0001	CH	\$0.00
100634557	Xhbwalt, Alwslwbq	0002	A001	MOAP0001	EEO	\$0.00
100635718	Test, Member	0002	A003	MOAP0001	E+FAM	\$0.00
100635719	Test1, Member	0003	A001	MOAP0001	EEO	\$0.00
100635720	Test, Mem	0001	A002	MPPO0001	E+FAM	\$0.00
100635722	Test, Mem	0002	A001	MPPO0001	E+FAM	\$0.00
100636061	Qvg, Qvh	0001	A001	MOAP0001	E+S	\$0.00
100636062	Jhjpg, Jnv	0002	A003	MPPO0001	E+FAM	\$0.00
100636143	Plk, Pgf	0001	A002	MPPO0001	E+C	\$0.00

Adjustment Premium - Changes

100635722	Test, Mem	0002	A001	MPPO0001	E+FAM	\$0.00
Totals:						\$0.00

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Aggregate Accounting Statement

The screenshot shows a web interface for selecting an Aggregate Accounting Statement. At the top, there is a header with a red square icon and the text "Aggregate Accounting Statement". Below this, the section is titled "Report Type". There are two main selection areas: "Statement Selection" and "Report Type". The "Statement Selection" dropdown menu is open, showing a list of dates: "OCT 2014 - 10/15/2014" (highlighted), "OCT 2014 - 10/01/2014", "SEP 2014 - 10/15/2014", "SEP 2014 - 10/01/2014", and "AUG 2014 - 10/15/2014". The "Report Type" dropdown menu is set to "All". At the bottom right, there are two buttons: "RESET" and "VIEW".

*Not Available for Fully Insured

The Aggregate Accounting Statement is a monthly report that illustrates how your group's actual claims experience is running opposite your cumulative attachment level. This report is posted by the 10th of every month.

You can view the entire statement, or to view a particular component simply select the desired Report Type you wish to view.

This report has 5 sub-sections:

- Summary Statement
- Detail Statement
- Adjustment Listing
- Daily Accounting Statement
- Supplement Statement

The report illustrates how the monthly attachment level was calculated, how various adjustments factor into transfers, and how transfers were calculated.

The screenshot shows a close-up of the "Report Type" dropdown menu. The menu is open, showing the following options: "All" (highlighted), "Summary Statement", "Detail Statement", "Adjustment Listing", "Daily Accounting", and "Supplement Statement". At the bottom right, there are two buttons: "RESET" and "VIEW".

Sample Summary Statement



Date Printed: 10/15/2014

Bill Simp - ASOS2 GRP 34 - L,A,M,D,V,F
STATEMENT FOR THE MONTH OF OCT 2014
SUMMARY STATEMENT FOR THE YEAR BEGINNING SEP 2014

Group Number: 00617534
 Product Type: ASO

Month	(1) Monthly Claim Funding	(2) Cumulative Claim Funding	(3) Monthly Claim Payments	(4) Cumulative Claim Payments	(5) Cumulative Surplus*	(6) Claims Funding Transfer Amount	(7) Cumulative Claims Funding Transfer Amount	(8) Premium / Fee	(9) Total Transfer
SEP 14	3,844.00	3,844.00	0.00	0.00	0.00	3,844.00	3,844.00	0.00	0.00
OCT 14	3,844.00	7,688.00	0.00	0.00	0.00	0.00	3,844.00	7,759.70	7,759.70

Terminal Fund On Account** 4,805.00
 Level Funding Arrangement*** 33%

- * Cumulative surplus will be adjusted at year-end to account for changes in the required terminal funds. When group is in a cumulative deficit, surplus is displayed as \$0.
 - ** Terminal funds are amounts required to fund the plan run-out claim liability as described in Section 2 of the Payment Obligations Appendix in the Administrative Services Contract.
 - *** Reflects the portion of cumulative surplus which Cigna will retain as described in Section 1 of the Payment Obligations Appendix in the Administrative Services Contract.
- (2) Cumulative Claims Funding is the cumulative total of (1) Monthly Claim Funding as of the statement month.
- (6) Claims Funding Transfer Amount is inclusive of (1) Monthly Claim Funding and adjustments pertaining to the current plan year. Please see the Adjustment Listing page for a summary of current and/or prior year adjustments (if applicable) as of the statement month. Please see the Daily Accounting Statement page for Requested Transfer Amount for the statement month.
- (7) Cumulative Claims Funding Transfer is inclusive of (2) Cumulative Claims Funding as of the statement month and adjustments pertaining to the current plan year. Please see the Adjustment Listing page for a summary of current and/or prior year adjustments (if applicable) as of the statement month.

Sample Detail Statement report



Date Printed: 10/15/2014

Bill Simp - ASOS2 GRP 34 - L,A,M,D,V,F
STATEMENT FOR THE MONTH OF OCT 2014
DETAIL STATEMENT FOR THE CALCULATION OF THE ATTACHMENT LEVEL
FOR THE YEAR BEGINNING SEP 2014

Group Number: 00617534

Month	Subgroup	Plan ID	Plan Description	Rate Structure	Number of Covered Units	Claims Funding Attach/Unit (Attach Factor)	Monthly Claim Funding
SEP 14							3,844.00
	0001	MOAP0001	Open Access Plus	Employee	0	150.00	
	0001	MOAP0001	Open Access Plus	Employee + Spouse	1	170.00	
	0001	MOAP0001	Open Access Plus	Employee + Child(ren)	1	210.00	
	0001	MOAP0001	Open Access Plus	Employee + Family	0	250.00	
	0001	MPPPO0001	PPO PPO Network	Employee	2	152.00	
	0001	MPPPO0001	PPO PPO Network	Employee + Spouse	0	172.00	
	0001	MPPPO0001	PPO PPO Network	Employee + Child(ren)	2	215.00	
	0001	MPPPO0001	PPO PPO Network	Employee + Family	2	260.00	
	0001	DIDM0001	Dental Traditional Standard	Employee	2	70.00	
	0001	DIDM0001	Dental Traditional Standard	Employee + Spouse	1	80.00	
	0001	DIDM0001	Dental Traditional Standard	Employee + Child(ren)	3	90.00	
	0001	DIDM0001	Dental Traditional Standard	Employee + Family	1	100.00	
	0001	VVIS0001	Cigna Vision	Employee	1	40.00	
	0001	VVIS0001	Cigna Vision	Employee + Spouse	0	50.00	
	0001	VVIS0001	Cigna Vision	Employee + Child(ren)	2	60.00	
	0001	VVIS0001	Cigna Vision	Employee + Family	1	70.00	
	0002	MOAP0001	Open Access Plus	Employee	1	150.00	

Sample Daily Account Statement



Date Printed: 10/15/2014

Bill Simp - ASOS2 GRP 34 - L,A,M,D,V,F
DAILY ACCOUNTING STATEMENT FOR THE MONTH OF OCT 2014

Group Number: 00617534

Transfer Frequency: Monthly - 18 Day Delay

Date	Paid Claims	Specific Stop-Loss Benefits	Adjustments	Claim Payments	In-Month Change In Surplus	Transfer Account Addition	Adjustment to Transfer Account	Transfer Account Balance	Requested Transfer	Transfer Request Date
09/03/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
SEP	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	
YTD	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	

Notes:

Premium Due: \$7,759.70

Transfer amount indicated above will be initiated on the 20th or the next business day. Your contract requires that the indicated amount be available for transfer on the transfer date. Failure to fund your account as requested by this Transfer Report may result in contract termination.

The total transfer amount above does not reflect charges for previous transfers returned subsequent to the preparation of this Transfer Report for non-sufficient funds, account closed, etc. Any returned transfer should be remitted immediately by certified check to avoid contract termination.

If there are any questions, please call group operations 1-800-753-9150

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Sample Supplement Statement



Date Printed: 10/15/2014

Bill Simp - ASOS2 GRP 34 - L,A,M,D,V,F
STATEMENT FOR THE MONTH OF OCT 2014
LEVEL FUNDING ANNUAL SUPPLEMENT FOR THE YEAR BEGINNING SEP 2014

Group Number: 00617534

Product Type: ASO

Month	Monthly Claim Funding	Cumulative Claim Funding	Monthly Claim Payments	Cumulative Claim Payments	Cumulative Surplus
APR 14	3,821.00	3,821.00	0.00	0.00	3,821.00
MAY 14	3,844.00	7,665.00	2,005.00	2,005.00	5,660.00
JUN 14	3,844.00	11,509.00	0.00	2,005.00	9,504.00
JUL 14	3,844.00	15,353.00	0.00	2,005.00	13,348.00
AUG 14	3,844.00	19,197.00	0.00	2,005.00	17,192.00

Prior Year Terminal Fund	3,334.10	Cumulative Surplus/(Deficit)	17,192.00
Estimated Terminal Fund Adjustment	<u>1,470.90</u>	Estimated Adjustment For Terminal Fund	<u>(1,470.90)</u>
Terminal Fund On Account**	4,805.00	Est. Adjusted Cumulative Surplus*/(Deficit)	15,721.10

* Must be active through the end of the fourth month following renewal to receive year-end credit (as described in Section 1 of the Payment Obligations Appendix in the Administrative Services Contract).

** Terminal funds are amounts required to fund the plan run-out claim liability as described in Section 2 of the Payment Obligations Appendix in the Administrative Services Contract.

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Comparative Research Assessment Report

The Patient Protection and Affordable Care Act (PPACA) requires funding for the Patient Centered Outcomes Research Institute. Each year clients can use this report to assist in calculations of the assessments. This report is available for all Self-Funded groups with Medical, FSA, HRA, COBRA, and State continuation. And for Fully Insured groups with FSA and HRA.

When the CRA report is run for a single month's duration the rule is to include all customers who are active on the 15th day of the calendar month.

When the CRA report is run for multiple months, the report includes all customers who are active on the 15th of the start month, and any customer who is active on the 15th day of the end month.

1 of 6 100% Select a format Export To print, please export to Excel or PDF.



COMPARATIVE RESEARCH ASSESSMENT REPORT: STANDARD - ALL RECORDS (DETAIL and SUMMARY) For Group: 00600711 Orion Corp
As Of 12/18/2014
Covered Lives for requested time period: 1/1/2014 - 11/30/2014

Last Name	First Name	Rel Code	Member ID	Member SSN	Sub group ID	Subgroup Name	Class ID	Class Name	Birth Date	Eff Date	Cancel Date	Plan ID
Partridge	Maddog	EE	100166222		0001	Orion Corp	A003	Active All Others except NC/SC	03/29/1959	10/12/2009	04/01/2014	MPPO0001
Partridge	Maddog	EE	100166222		0001	Orion Corp	A003	Active All Others except NC/SC	03/29/1959	04/02/2014		MPPO0001
Partridge	Shirley	SP	100166222		0001	Orion Corp	A003	Active All Others except NC/SC	03/01/1951	10/12/2009	04/01/2014	MPPO0001
Brady	Mike	EE	100166227		0001	Orion Corp	A001	Active Executives except NC/SC	07/12/1961	05/01/2008	03/31/2014	MCAP0001
Brady	Mike	EE	100166227		0001	Orion Corp	A001	Active Executives except NC/SC	07/12/1961	05/01/2014		MCAP0001
Brady	Carol	SP	100166227		0001	Orion Corp	A001	Active Executives except NC/SC	12/25/1961	05/01/2008	03/31/2014	MCAP0001
Brady	Carol	SP	100166227		0001	Orion Corp	A001	Active Executives except NC/SC	12/25/1961	05/01/2014		MCAP0001

Reinsurance Membership Report

The PPACA Reinsurance is an assessment of an annual fee on Fully Insured and Self-Insured plans. It is intended to fund the reinsurance program to help lessen impact of high-risk individuals entering the Individual market. Cigna is responsible for payment either to the applicable state or to HHS (at the state’s option) for Fully Insured business. Self-Insured clients are liable for the assessment. Cigna will provide Self-Insured clients with an annual report of membership data to assist in determining the annual assessment due. Self-Insured plans are responsible for payments to HHS during the duration of assessment for years 2014 – 2016.

1 of 9 100% Select a format Export To print, please export to Excel or PDF.



Reinsurance Membership Summary

Group: 00600711 Orion Corp
 Tax Identification Number: 123456789
 Subgroups: All

Snapshot Dates: January 1, 2014, April 1, 2014, July 1, 2014

Product ID	Product Description	Class ID	Class Description	Month	Total MBRs	Avg MBRs
MCAP0001	Consumer Advantage Great-West Healthcare PPO Netwo	A001	Active Executives except NC/SC	January	101	
				April	101	
				July	101	101.00
		A002	Active Executives in NC/SC	January	1	
				April	1	
				July	1	1.00
MHRA0001	HRA Great-West Healthcare PPO Network	A001	Active Executives except NC/SC	January	3	
				April	3	
				July	3	3.00
		A004	Active All Others in NC/SC	January	2	
				April	2	
				July	2	2.00
MPPO0001	PPO PPO Network	A001	Active Executives except NC/SC	January	40	
				April	40	
				July	40	40.00

For assistance with the PPACA please contact your Cigna representative or visit Cigna.com

Claims Reports

- > Member Administration
- > Group Enrollment Setup
- > Reports
 - Banking Reports
 - Billing Reports
 - Group Premium Statement
 - Aggregate Accounting Statement
 - Comparative Research Assessment Report
 - Reinsurance Membership Report
 - Claims Reports
 - Health Paid Claims
 - FSA/HRA Paid Claims
 - Basic Summary of Expenses
 - Pharmacy Benefits Financial Detail
 - Large Claimant
 - Eligibility Reports
 - Eligibility Roster
 - Birthday Report
 - Enrollment Reports

Reports

Bill Simp - ASOS2 GRP 34 - L,A,M,D,V,F

Claims Reports

Visit the pages described below to access reports for a selected group plan.

- > **Health Paid Claims**
View, print and export Health Paid Claims Reports for the selected group.
- > **FSA/HRA Paid Claims**
View, print and export FSA/HRA Paid Claims Reports for the selected group.
- > **Basic Summary of Expenses**
View, print and export monthly Basic Summary of Expenses Reports for the selected group.
- > **Pharmacy Benefits Financial Detail**
View, print and export Pharmacy Benefits Financial Detail Reports for the selected group.
- > **Large Claimant**
View, print and export Large Claimant Reports for the selected group.

There are 5 claims reports available:

- Health Paid Claims
- FSA/HRA Paid Claims (for FSA/HRA products effective on or after 1/1/2014)
- Basic Summary of Expenses (Self- Funded Only)
- Pharmacy Benefits Financial Detail (Self- Funded Only)
- Large Claimant

Fully Insured Funded Groups please read the next page for Health Paid Claims and Large Claimant report restrictions.

Fully Insured Must Read

If your funding type is Fully Insured please read before proceeding with reports.

Due to state and federal regulations controlled accesses to the Health Paid Claims Reports and the Large Claimant report have been applied.

If your group has a fully insured the application will make the Health Paid Claims and the Large Claimant reports available to clients with 200 or more active subscribers.

In the Month drop down section the system will only display the months where the active subscriber count is 200 or more. If the user uses a date span for either the Paid Date Range or the Incurred Date Range and the **ending month has fewer** than 200 subscribers the report output will indicate no data available. If the user uses a date span and the **ending month has more** than 200 subscribers you will receive a report with data. You cannot use partial months and the custom date fields will force users to begin the first of any month and end the last day of any month.

Health Paid Claims

The Health Paid Claims report illustrates a detailed (by member) or summary view of the paid health claims for a period of time. In addition, it offers the ability to perform ad-hoc paid claims queries for different Subgroups/Classes/Plans, periods of time or specific dollar amounts. This report is updated and available daily and supports the Aggregate Accounting Statement. Note: New Groups this report will not be available until after the first transfer.

Sample Detail report.

Selection Criteria												
Specific Stop Loss: Non-Pooled						Member ID: Not Entered						
Paid Date Range: 12/01/2014 to 12/31/2014						Claim Types: All						
Incurred Date Range: Return Any Dates						Claim ID: Not Entered						
Subgroups: All						Claim Amount: Not Entered						
Classes: All						Column Sorting: Subgroup, Member Last Name, Relationship, Paid						
Plans: All												

Subgroup ID	Class ID	Plan Desc.	Member ID	Member Name	Patient First Name	Patient Rel. Code	Claim Type	Paid Date	Incurred Date	Paid Amount	Claim ID
0001	A001	HDHP Open Access Network	1001001001	Last, First	Second	EE	Paid	12/03/14	12/01/14	\$13.96	12345678988
0001	A001	HDHP Open Access Network	1001001001	Last, First	Second	EE	Paid	12/03/14	12/01/14	\$188.21	12345678988
0001	A001	HDHP Open Access Network	1001001001	Last, First	Second	EE	Paid	12/03/14	12/01/14	\$579.81	12345678988
0001	A001	HDHP Open Access Network	1001001001	Last, First	Second	EE	Care Reward	12/04/14	12/01/14	\$2.25	12345678988
0001	A001	HDHP Open Access Network	1001001001	Last, First	Second	EE	Care Reward	12/04/14	12/01/14	\$2.74	12345678988
0001	A001	HDHP Open Access Network	1001001001	Last, First	Second	EE	Care Reward	12/04/14	12/01/14	\$2.25	12345678988
0001	A001	HDHP Open Access Network	1001001001	Last, First	Second	EE	Paid	12/10/14	12/08/14	\$13.96	12345678988
0001	A001	HDHP Open Access Network	1001001001	Last, First	Second	EE	Overpayment	12/11/14	12/01/14	(\$13.96)	12345678988
0001	A001	HDHP Open Access Network	1001001001	Last, First	Second	EE	Paid	12/12/14	12/08/14	\$188.21	12345678988
0001	A001	HDHP Open Access Network	1001001001	Last, First	Second	EE	Paid	12/12/14	12/08/14	\$579.81	12345678988
0001	A001	HDHP Open Access Network	1001001001	Last, First	Second	EE	Contracted	12/13/14	11/01/14	\$3.40	12345678988
0001	A001	HDHP Open Access Network	1001001001	Last, First	Second	EE	Contracted	12/13/14	11/01/14	\$3.40	12345678988
0001	A001	HDHP Open Access Network	1001001001	Last, First	Third	SP	Paid	12/03/14	12/01/14	\$0.00	12345678988
0001	A001	HDHP Open Access Network	1001001001	Last, First	Third	SP	Paid	12/03/14	12/01/14	\$0.00	12345678988
0001	A001	HDHP Open Access Network	1001001001	Last, First	Third	SP	Paid	12/04/14	12/02/14	\$0.00	12345678988
0001	A001	HDHP Open Access Network	1001001001	Last, First	Third	SP	Paid	12/04/14	12/01/14	\$26.97	12345678988

Sample Summary report



HEALTH PAID CLAIMS REPORT (Summary)

Report Run Date: 12/18/2014

Group: ■

Selection Criteria	
Specific Stop Loss: Non-Pooled	Member ID: Not Entered
Paid Date Range:	Claim Types: All
Incurred Date Range: Return Any Dates	Claim ID: Not Entered
Subgroups: All	Claim Amount: Not Entered
Classes: All	Column Sorting: Subgroup, Member Last Name, Relationship, Paid Date
Plans: All	

Relationship	Paid Amount
Member	\$121,355.54
Spouse	\$11,944.72
Child	\$5,104.13
Student	\$2,411.05
	\$86.97
Group Relationship Total	\$140,815.44

Basic Summary of Expenses

The Basic Summary of Expenses report illustrates at a detailed or summary level the paid health claims paid for a period of time, as well as provides the ability to perform ad-hoc paid claims queries for different Subgroups/Classes/Plans, periods of time or benefit categories (i.e. Med, Drugs, Dental, Vision, etc.). This report is updated and available daily. ***Not Available for Fully Insured Groups**

Sample Summary report



BASIC SUMMARY OF EXPENSES

Paid Date Range: 11/01/2014 to 11/30/2014

Report Run Date: 12/18/2014

Group:

Subgroups: All

Class	Plan	Benefit Type	Occurrences	Amount Charged	Amount Not Covered	Deductible / Co-Insurance	Would Pay Before COB	COB Savings	Net Paid Amount
All	All	EE Medical	200	\$23,055.38	\$10,478.33	\$6,477.97	\$8,114.37	\$0.00	\$6,099.08
All	All	SP Medical	278	\$248,274.12	\$83,258.29	\$5,077.11	\$159,938.72	\$0.00	\$159,938.72
All	All	CH Medical	143	\$86,493.12	\$66,185.10	\$6,317.01	\$13,991.01	\$0.00	\$13,991.01
All	All		0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$101.19
All	All	EE Rx	103	\$4,416.94	\$0.00	\$0.00	\$4,416.94	\$0.00	\$4,416.94
All	All	SP Rx	78	\$5,396.76	\$0.00	\$0.00	\$5,396.76	\$0.00	\$5,396.76
All	All	CH Rx	30	\$882.65	\$0.00	\$0.00	\$882.65	\$0.00	\$882.65
Group Total:			832	\$368,518.97	\$157,906.43	\$17,872.09	\$192,740.45	\$0.00	\$192,841.64

Page 1 of 1

Pharmacy Benefits Financial Detail

The Pharmacy Benefits Financial Detail report illustrates detailed pharmacy benefit paid claim data by member for separate date-driven claims uploads. This report is updated twice a month.

***Not Available for Fully Insured Groups**

PHARMACY BENEFITS FINANCIAL DETAIL REPORT

Statement as of 12/18/2014

Group:

Claims Billing Date Range: 01/01/2014 to 12/15/2014

Subgroup	Class	Pharmacy Number	Member ID	Patient Name	Relationship	RX Number	Physician Number	Date Filled	Prior Auth	Ing Cost	Sales Tax	Pharmacy Fee	Cost Share
0001	A001	1234567	1001001001	Smith, One	SP	6667778		01/01/2014	100000000000	\$78.71	\$0.00	\$1.50	\$5.00
0001	A001	1234567	1001001001	Smith, Two	DP	6667778		01/02/2014	100000000000	\$16.91	\$0.00	\$1.50	\$5.00
0001	A001	1234567	1001001001	Doe, One	EE	6667778		01/02/2014	100000000000	\$42.60	\$0.00	\$1.50	\$20.00
0001	A001	1234567	1001001001	Smith, Four	EE	6667778		01/02/2014	100000000000	\$3.73	\$0.00	\$1.50	\$5.23
0001	A001	1234567	1001001001	Smith, Seven	EE	6667778		01/02/2014	100000000000	\$34.51	\$0.00	\$1.50	\$15.00
0001	A001	1234567	1001001001	Rodger, One	EE	6667778		01/02/2014	100000000000	\$3.86	\$0.00	\$1.50	\$5.00
0001	A001	1234567	1001001001	Rodger, Two	DP	6667778		01/02/2014	100000000000	\$5.07	\$0.00	\$1.50	\$6.57

Large Claimant

The Large Claimant report illustrates detailed paid health claims by member opposite a trigger amount for a period of time. This report is updated and available daily.

LARGE CLAIMANT REPORT

Paid Date Range: 11/01/2014

Incurred Date Range: Return Any Dates

Threshold Selected: \$40,000.00

Group:

Report Date: 12/18/2014

Subgroup ID	Class ID	Employee Name (Insured's Name)	Member ID	Patient Name	Patient Birth Date	Pat Gen	Patient Rel. Code	Ben Cat	Claim Type	Paid Date	Incurred Date	Benefit Amount	Claim ID
0003	A001	Rodger, One	1001001001	Rodger, One	7/19/1978	F	SP	M	Paid	11/03/14	09/03/14	\$280.00	10010010010
0003	A001	Rodger, One	1001001001	Rodger, Two	1/2/2007	F	DP	M	Contracted	11/04/14	09/03/14	\$66.00	10010010010
0003	A001	Rodger, One	1001001001	Rodger, Three	4/1/2008	F	DP	R	Contracted	11/06/14	11/05/14	\$22.12	10010010010
0003	A001	Rodger, One	1001001001	Rodger, One	7/19/1978	F	SP	M	Paid	11/13/14	10/27/14	\$168.19	10010010010
0003	A001	Rodger, One	1001001001	Rodger, One	7/19/1978	F	SP	R	Contracted	11/17/14	11/15/14	\$16.23	10010010010
0003	A001	Rodger, One	1001001001	Rodger, One	7/19/1978	F	SP	R	Contracted	11/17/14	11/15/14	\$37.44	10010010010
0003	A001	Rodger, One	1001001001	Rodger, One	7/19/1978	F	SP	R	Contracted	11/17/14	11/15/14	\$55.83	10010010010
0003	A001	Rodger, One	1001001001	Rodger, Two	1/2/2007	F	DP	M	Paid	11/18/14	10/27/14	\$125.00	10010010010
0003	A001	Rodger, One	1001001001	Rodger, Two	1/2/2007	F	DP	M	Paid	11/22/14	10/29/14	\$178.20	10010010010
0003	A001	Rodger, One	1001001001	Rodger, Two	1/2/2007	F	DP	M	Paid	11/26/14	10/13/14	\$127,734.71	10010010010

Eligibility Reports

 **Reports**

Group# 00616221 | [Change Group](#)
BSI CRP ASO CDHP 002

 **Eligibility Reports**

Visit the pages described below to access reports for a selected group plan.

- > **Eligibility Roster**
View, print and export the Eligibility Roster and Member Address labels for the selected group.
- > **Birthday Report**
View, print and export Birthday Reports for the selected group.
- > **Enrollment Reports**
View, print and export Member Election, Beneficiary reports for the selected group.

The Eligibility Reports listed below are covered in this section of the tutorial:

- Eligibility Roster, including Address Labels
- Birthday Report
- Enrollment Reports

Eligibility Roster

The Eligibility Roster is a daily report that illustrates all employees and dependents who have current coverage for any benefit in your plan, or whose last benefit was canceled within the last twelve months. This report also provides the ability to create mailing address labels compiled from data on your roster report. The labels can be printed or downloaded to Excel or Acrobat (PDF) to be formatted as needed.

Sample

ELIGIBILITY ROSTER REPORT: STANDARD - All RECORDS (DETAIL / SUMMARY) For Group: 00616221 BSI CRP ASO CD

Sub group ID	Subgroup Name	Class ID	Class Name	Member ID	Member SSN	Last Name	First Name	Rel Code	Sex	Zip Code	Subscriber Res State
0001	BSI CRP ASO CDHP 002	A007	IT and Tech -A007	100629377	123456789	PASHOS	Carol	EE	F	63128	MO
0001	BSI CRP ASO CDHP 002	A007	IT and Tech -A007	100629377	123456789	PASHOS	Lee	SP	M	63128	MO
0001	BSI CRP ASO CDHP 002	A008	Sales - A008	100629378	123456789	HAMMOND	Fred	EE	M	63129	MO
0001	BSI CRP ASO CDHP 002	A008	Sales - A008	100629378	123456789	HAMMOND	Wanda	SP	F	63129	MO
0001	BSI CRP ASO CDHP 002	A008	Sales - A008	100629378	123456789	HAMMOND	Penny	CH	F	63129	MO
0001	BSI CRP ASO CDHP 002	A006	HR -A006	100629379	123456789	WHITMOREKOPCZY NSKI	Dan	EE	M	63019	MO
0001	BSI CRP ASO CDHP 002	A006	HR -A006	100629379	123456789	WILLIAMS	Eugenia	CH	F	63019	MO
0001	BSI CRP ASO CDHP 002	A005	Administration -A005	100629380	123456789	ACOMPANADO	Mike	EE	M	63010	MO
0001	BSI CRP ASO CDHP 002	A002	Management - A002	100629381	123456789	WIGNEY	Paul	EE	M	63010	MO
0001	BSI CRP ASO CDHP 002	A002	Management - A002	100629381	123456789	WIGNEY	June	SP	F	63010	MO
0001	BSI CRP ASO CDHP 002	A002	Management - A002	100629381	123456789	BAKER	Lisa	CH	F	63010	MO
0002	BSI CRP ASO CDHP 002	A001	All Employees -A001	100629389	123456789	NORTHAM	Carl	EE	M	63128	MO
0002	BSI CRP ASO CDHP 002	A001	All Employees -A001	100629389	123456789	NORTHAM	Scarlett	SP	F	63128	MO
0001	BSI CRP ASO CDHP 002	A001	All Employees -A001	100629390	123456789	ROSENBERG	Sheila	EE	F	63026	MO
0001	BSI CRP ASO CDHP 002	A001	All Employees -A001	100629390	123456789	ROSENBERG	Robert	SP	M	63026	MO
0001	BSI CRP ASO CDHP 002	A001	All Employees -A001	100629390	123456789	ROSENBERG	Tina	CH	F	63026	MO
0001	BSI CRP ASO CDHP 002	A003	Clerical - A003	100629391	123456789	ALCOUFFE	Ralph	EE	M	63128	MO
0001	BSI CRP ASO CDHP 002	A003	Clerical - A003	100629391	123456789	ALCOUFFE	Jane	SP	F	63128	MO
0001	BSI CRP ASO CDHP 002	A004	Salaried -A004	100629392	123456789	CHAGHOURI	Nate	EE	M	63020	MO
0001	BSI CRP ASO CDHP 002	A004	Salaried -A004	100629392	123456789	CHAGHOURI	Willie	SP	F	63020	MO
0001	BSI CRP ASO CDHP 002	A006	HR -A006	100631244	123456789	NAILON	Kay	EE	F	73648	OK

Sample

	Medical		Dental		FSA	Basic Life	AD&D
Subgroup: 0001 BSI CRP ASO CDHP 002							
Class: A007 IT and Tech -A007							
	EE count Active	EE count COBRA	EE count Active	EE count COBRA	Count Active	Count Active	Count Active
EEO:	0	0	0	0	1	1	1
E+S:	1	0	1	0	0		
E+C:	0	0	0	0	0		
FAM:	0	0	0	0	0		
SPO:		0		0			
CHO:		0		0			
S+C:		0		0			
Class: A008 Sales - A008							
	EE count Active	EE count COBRA	EE count Active	EE count COBRA	Count Active	Count Active	Count Active
EEO:	0	0	0	0	1	0	0
E+S:	0	0	0	0	0		
E+C:	0	0	0	0	0		
FAM:	1	0	0	0	0		
SPO:		0		0			
CHO:		0		0			
S+C:		0		0			
Class: A006 HR -A006							
	EE count Active	EE count COBRA	EE count Active	EE count COBRA	Count Active	Count Active	Count Active
EEO:	1	0	0	0	1	2	2

Relationship Code Descriptions

Relationship Code	Relationship Description
AD	Adult Dependent
CL	Collateral Dependent
CH	Child
DP	Domestic Partner
FS	Former Spouse
GC	Grandchild
HC	Handicap Child
SB	Subscriber
SC	Step Child
SP	Spouse
SS	Surviving Spouse
ST	Student

Address Labels

For your convenience, we have created mailing address labels compiled from data on your Eligibility Roster. To run the label list, select “Address Labels” from the Presentation Options dropdown menu on the Eligibility Roster report selection screen



To run the label list, select “Address Labels” from the Presentation Options dropdown menu on the Eligibility Roster report selection screen

Joe Sample
123 Rock Rd
Denver, Co 80111

Joe Sample
123 Rock Rd
Denver, Co 80111

Sara Mofield
6635 Bomar Drive
Cheyenne, WY 82009

Joe Sample
123 Rock Rd
Denver, Co 80111

Birthday Report

The Birthday Report is a daily report which, based on search criteria, identifies members who have or will soon exceed certain age criteria, including child age maximum, student age or Medicare eligibility, which would terminate or limit their benefits.

Age Range is the age you are looking for, the birthday threshold range is the time frame the he or she will turn that age.



BIRTHDAY REPORT

Ages 1 to 26

From 01/01/2014 through 12/31/2014

Print Date: 12/18/2014

Group: 00616221 BSI CRP ASO CDHP 002

Subgroup: 0001 BSI CRP ASO CDHP 002

Class: A001 All Employees -A001

Employee Name	Dependent Name	Relationship	Address	City	State	Zip	Date of Birth	Age as of Birth Date	Status
Rosenberg, Sheila	Rosenberg, Tina	Child	65 E Lakewood Dr	Fenton	MO	63026	11/08/2007	7	Active

Class: A002 Management - A002

Employee Name	Dependent Name	Relationship	Address	City	State	Zip	Date of Birth	Age as of Birth Date	Status
Wigney, Paul	Baker, Lisa	Child	2753 Pomme Meadows Dr	Arnold	MO	63010	02/03/2013	1	Active

Class: A006 HR -A006

Employee Name	Dependent Name	Relationship	Address	City	State	Zip	Date of Birth	Age as of Birth Date	Status
Whitmorekopczynski, Dan	Williams, Eugenia	Child	107 Holding Hausen Dr	Crystal City	MO	63019	04/21/1998	16	Active

Enrollment Reports

The Enrollment Report consists of two sub reports, Member Election and Beneficiary Information.

Member Election

The Member Election report is a daily report that displays member enrollment records that have been approved and processed through the billing and claims system for the date range entered. The report is cumulative, whereby it will display all enrollments for a given member (i.e. new hire, change in member information, etc.), if processed within the entered date range. This report displays the following types of enrollments:

Posted Enrollments (not including Terminated/Reinstated) - section displays enrollments for members, along with any dependents and benefit elections.

Posted Terminated/Reinstatement Enrollments - section displays terminations and reinstatements.

Client Declined Enrollments - section displays any enrollments declined within Plan Administration, along with the user ID, reason and date.

Life Only Benefits - section displays enrollments for members who elected Life, AD&D and/or Optional Life only benefits. These members are also listed within the Posted Enrollments section.

Member Declined All Benefits - section displays enrollments for members who declined all benefits at the time of enrollment, along with the decline reason.

MEMBER ELECTION REPORT

Statement as of 01/01/2011 - 04/18/2011

Group: 00600701 PORTAL Bike Warehouse

POSTED ENROLLMENTS (NOT INCLUDING TERMINATED/REINSTATED)									
Member Name	Member ID	Relationship	Posting Date	Date of Birth	Date of Hire	Enrollment Reason	Benefits	Subgroup/Class	Member/Dependent Decline Reason
Member Std1	101104623	Employee	02/09/2011	12/12/1982	07/01/2010	Elect Cobra	Open Access Plus, Dental Indemnity	Bike Warehouse/All Active Employees	I want coverage
Spouse Std1	101104623	Spouse	02/09/2011	03/03/1974	07/01/2010	Elect Cobra	Open Access Plus, Dental Indemnity	Bike Warehouse/All Active Employees	
Child2 Std1	101104623	Child	02/09/2011	01/01/2009	07/01/2010	Elect Cobra	Open Access Plus, Dental Indemnity	Bike Warehouse/All Active Employees	
Jammi Jam	101131127	Employee	03/22/2011	07/06/1970	01/01/2011	New Hire	Consumer Advantage Open Access Network, Dental Indemnity	Bike Mechanics/All Active Employees	I want coverage
Spouse Jain	101131127	Spouse	03/22/2011	07/06/1973	01/01/2011	New Hire	Consumer Advantage Open Access Network	Bike Mechanics/All Active Employees	
Becky Bec	101131128	Employee	03/22/2011	07/06/1970	01/01/2011	New Hire	HSA, PPO Network	Bike Warehouse/All Active Employees	I elect to waive Dental
Neer Nee	101131129	Employee	03/22/2011	06/04/1972	01/01/2011	New Hire	Consumer Advantage Open Access Network	Bike Mechanics/All Active Employees	I elect to waive Dental
Iliia Lia	101131130	Employee	03/22/2011	06/09/1973	01/01/2011	New Hire	Open Access	Bike	I elect to waive

Beneficiary Information

BENEFICIARY INFORMATION REPORT

Statement as of 04/18/2011

Group: 00600701 PORTAL Bike Warehouse

Member Name	Member ID	Beneficiary Name	Beneficiary SSN	Beneficiary Relationship	Beneficiary Type	Beneficiary Percentage
Hinkes Horn	101107337	Harry Hinkes		Spouse	Primary	100%
Member Std1	101104623	Spouse Std1		Spouse	Primary	100%
Member Std2	101104624	Spouse Std2		Spouse	Primary	100%
Member Std3	101104632	Spouse Std3		Spouse	Primary	100%

Page 1 of 1

The Beneficiary Information report is a daily report that displays beneficiary information for any member who elected Life and/or AD&D, along with the beneficiary's name, SSN, relationship, type (primary vs. contingent) and percentage. It will reflect any beneficiary who has a percentage greater than 0 percent as of the current date. If your plan does not offer Life and/or AD&D, this report will be blank at all times.